Face Aralytical

Section A

Address: Company:

ITEM#

## **CHAIN-OF-CUSTODY / Analytical Req**

The Chain-of-Custody is a LEGAL DOCUMENT. All relevan

Section C

W0#:1265452

CLIENT: USS CORP Due Date: 05/19/16

Required Client Information: II. Iron, MN 55768 equested Due Date: SD 001 (Seep 020) P.O. Box 417 USS Corporation One Character per box.
(A-Z, 0-9 / , -)
Sample Ids must be unique SAMPLE ID Fax MATRIX
Drinking Water
Water
Waste Waler
Product
Soll/Solid
Oil
Wipe
Arr
Other
Tissue Report To: Tom Moe Purchase Order #: Project Name: Copy To: Required Project Information: TS TARKET SEE ¥ MATRIX CODE (see valid codes to left) Vandenant. SAMPLE TYPE (G=GRAB C=COMP) NPDES-TB Wk1 5x.0/91.55 5x.0/72.25 DATE START TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: DATE 8 2.5-1/2 TIME SAMPLE TEMP AT COLLECTION # OF CONTAINERS Pace Quote:
Pace Project Manager: Company Name: Invoice Information: Attention: Pace Profile #: Address: 13,00 Unpreserved Bul mattice H2SO4 (Cul nownby HNO3 Preservatives HÇI NaOH Na2S2O3 heather.zika@pacelabs.com, Methanol Apalyses Test Y/A TSS,SO4 DATE Signed: × TRPH 1664 5/5/16 1300 2 TEMP in C Residual Chlorine (Y/N) Received on C (Y/N) Custody Sealed ک Cooler (Y/N) Samples < Intact (Y/N)



Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015

Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Upon Receipt			Project i	WO#:1265452
USS Corp.				
Courier: Fed Ex UPS	USPS		llient	
Commercial Pace	Other:			1265452
Tracking Number:				
Custody Seal on Cooler/Box Present?	No	Seals II	ntact?	Yes Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bag	gs 🔲 N	one 🌡	Other:	Temp Blank? Tes No
Thermometer Used: 🔀 140792808	Type of	lce: 🔼	Wet [	Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: 5   Cooler Temp Co	orrected or: 10,3	C: <u>5,</u>	Date and	Biological Tissue Frozen? Yes No MA d Initials of Person Examining Contents:  Comments:
Chain of Custody Present?	Æyes	∏No	□n/a	1.
Chain of Custody Filled Out?	ØYes	□No	□N/A	2.
Chain of Custody Relinquished?	Yes	□No	□N/A	3.
Sampler Name and Signature on COC?	_ Yes	□No	□N/A	4.
Samples Arrived within Hold Time?	Yes	□No	□N/A	5.
Short Hold Time Analysis (<72 hr)?	□Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	N/A	7.
Sufficient Volume?	¥Yes	□No	□N/A	8.
Correct Containers Used?	Yes	□No	□n/a	9.
-Pace Containers Used?	<b>™</b> <b>M</b> Yes	□No	□n/a	
Containers intact?	<b>X</b> Yes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	□Yes	□No		11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix:	<del>7</del>	<b>—</b>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	∏Yes	<b>₽</b> QNo	□n/a	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	∐Yes	□No	<b>⊠</b> N/A	13.
Headspace in VOA Vials ( >6mm)?	□Yes	□No	<b>⋈</b> N/A	14.
Trip Blank Present?	∏Yes	□No	<b>₩</b> N/A	15.
Trip Blank Custody Seals Present?	∐Yes	□No	<b>√</b> ŽÌN/A	
Pace Trip Blank Lot # (if purchased):	<del></del>		****	
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				
				· · · · · · · · · · · · · · · · · · ·
			<del>.</del>	
FECAL WAIVER ON FILE Y N	, ,	TEM	PERATU	RE WAIVER ON FILE Y N

Project Manager Review: Date: 55/10

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)